

RECORD OF PURCHASE CARD ORDERS Instructions: Use this form to document orders placed over the counter or by telephone that will be paid for using I.M.P.A.C. Reconcile the information on this form with your monthly SOA, sign and date the form, and submit it with the SOA to the CAO. Note: A computerized spreadsheet may be substituted for this form, provided that it contains all the required information.	Month
	Name of Cardholder
	Office Symbol/Telephone Number

Recon/ Decal	Date of Purchase	Name and Telephone Number (or Address of Supplier)	Description of Supplies or Service	Item Required For	CAN Number	Object Class	Total Price	Date Delivered	Amount Billed	Monthly Allotment

Running Total: _____

Remarks:

Signature of cardholder <i>(Sign in Ink)</i>	Signature of CAO <i>(Sign in Ink)</i>
--	---------------------------------------